



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

ler identification 211648591	Report F (Mark X		Candida	te X	Committee		Lobbyist
ame of Filling Committee, Candidate or obbyist	Denise M.	Buell					
treet Address	19039 Hill	crest Drive					
ity Corry			State	PA	Zip Code	16407	
ype of Report (Place x under report type)	<u> </u>					to proceedings and the second
6 th Tuesday 2- 2 nd Friday 3- 30 Day re-Primary Pre-Primary Primary		or a stable of N	nd Friday - Election	선물들은 사람이 사람이 얼마나 되는 사람이 없는 모양이	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
						X	
Date Of Election MM/DD/YYYY) 11/7/1	Year .7		2017	Amendment Report		Termination Report	
Summary of Receipts and From Da Expenditures	te i	o Date			For	Office Use Only	
6/2	/17	10/23	/1 7		Selfy Try Coll 1997 Selfy		新型。多约·第1图/图》
A. Amount Brought Forward From Last I	Report S					«i	5 29
B. Total Monetary Contributions and Re (From Schedule I)	ceipts \$			1		-	2017 OCT 2
C. Total Funds Available	\$						
(Sum of Lines A and B) D: Total Expenditures	\$	174		-			75 25
(From Schedule III)				_		, mr	3 3
E. Ending Cash Balance (Subtract Line D from Line C)	\$						
F. Value of in-Kind Contributions Received	red \$	·				2	CTI
(From Schedule II)	\$ \$			-		e De gran	Cu
G. Unpaid Debts and Obligations (From Schedule IV.)							
		Candia	Affidavit	candidate sign he	re		
Part 1- If this is a Committee report, treasure I swear (or affirm) that this report, including	the attached sch	edules on pa	per, is to the	ne best of my knov	rledge and belie	f true, correct and comp	olete.
Sworn to and subscribed before me this 3 day of OCTOBER 20	17	1		Domin	om R	well	
COMMONWEALTH OF PENNSY	LYANIA	-	/	Denise M. Buell			
/ /Janet ^{SES} rGBYdSk, Notary Public		, l			Printed N	ame 81-0437	
City of Corry, Erie County My ComrMss Confid Siston Expires July 5, 21	018			Area Code		81-0437 Daytime Telephone Nun	mber
MEMBER, PENNSYLVANIA ASSOCIATION OF	HOTARIES					/	
Part II- If this is a report of a Candidate's Au I swear (or affirm) that to the best of my kno	thorized Commit	tee, candida	ate shall sign	n here.	l any provisions	of the Act of June 3, 193	37 (P.L. 1333, NO.320
I swear (or affirm) that to the best of my kno amended.	owiedge and belie	er unis politic	ai committ	Se Hes Hot Moiste	any provious		
Sworn to and subscribed before me this							
day of20				·	Signature of Ca	ndidate	
Signature					Printed Na	me	
3,6,10,10,10		•					
My Commission expiresMO, DAY	YR.			Area Code		Daytime Telephone Nun	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

The statement of the st	
Filer Identification Number 211648591	

	15355.	1 29 3	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	űh.		
Total for the reporting period	(1)	\$	0
2. Contributions of \$50:01 to \$250.00 (From Part A and Part B)	1	lid Megi	
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	77,210		
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	\$	0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

1229***				Amount
Full Name of Cor			Date [MM/DD/YYYY] \$	
Committee	N/A			
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
FULL	tributing.		Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	11, 222, 1		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
	The state of the s		- We many of the last 1 is 3.	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			24, B** 007.000. T. D. S.	
Full Name of Cor	ntributing		Date [MM/DD/YYYY] \$	
Committee				
House #	Street Address		Date [MM/DD/YYYY] \$	
NAME OF THE PARTY	100000 1000 1000 1000 1000 1000 1000 1			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	1000 1 250 POSS 1800 1800	Date [MM/DD/YYYY] \$	
Committee				
House #	Street Address		Date [MM/DD/YYYY] \$	
		1 0 100		
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	#
COUNTY OF THE PERSON OF THE PE	THE STATE OF THE S	A STATE OF THE STA		
Full Name of Co Committee	arcinoriu g :		Date [MM/DD/YYYY] \$	
House#	Street Address		Date [MM/DD/YYYY] \$	
	Culculation (Control of Control o			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
A.				
Full Name of Co	ntributing		Date [MM/DD/YYYY] \$	
Committee	General State of the Control of the			
House#	Street Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	cate		Date [MM/DD/YYYY] \$	
288 TANK	情變無 Ghall	gass as compatible of	125384	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: 2116	548591			
			Date (MM/DD/YYYY) \$	7
Full Name of Contributor				
House # Street A			Date (MM/DD/YYYY) \$	
\$18 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	State	Zip Code	Date [MM/DD/YYYY] \$	
*Cliv			Date [MM/DD/YYYY] \$	ㅓ
Full Name of Contributor				
House # Street	Address		Date [MM/DD/YYYY] S	
sity:	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date,[MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
	t Address	11.	Date [MM/DD/YYYY] \$	
City	State	Zip Code		
Full Name of Contributor	利斯多利其次股份	College and Artistan	Date [MM/DD/YYYY] \$	
House # Stree	et. Address		Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] 5	
City :			Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address			
city:	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor.			Date [MM/DD/YYYY] \$	
	eet Address		Date [MM/DD/YYYY] \$	
tHouse # Str		100 March 120 Ma	Date [MM/DD/YYYY] \$	
City	State	Zip Code		

PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: 21:	1648591			
Full Name of Contributing Committee N/	A		Date [MM/DD/YYYY] 5	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House:# Street	Address	No.	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	t Address	VICENSI SALOM VINI, SALOM VI	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Seption Company of Company		Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee	rt Address		Date [MM/DD/YYYY] \$	
		Zip/Code	Date [MM/DD/YYYY] \$	
City, Foll Name of	State		Date [MM/DD/YYYY] \$	<u> </u>
Contributing Committee	et Address		Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
	Stene :			

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filier identification Number: 211648591		
211648591		

Full Name of Contributor			Date [MM/DD/YYYY] \$
N/A		J	
"House # Street Address			Date [MM/DD/YYYY] .\$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			Occupation
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MIM/DD/YYYY] \$
The Indian	<u> </u>		Date [MM/DD/YYYY] \$
House # Street Address			
City	State	Zip Code	Date [MM/DD/YYYY] \$
PERSONAL PROPERTY OF THE PROPE			Occupation
Employer Name			
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name	P < 0.06 (20.00), 5.00 (1)	- 100 mg/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/	Occupation
Employer Mailing Address // Principal Place of Business			
Eull Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
House # Street Address			
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Malling Address // Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	211648591				
TENIEN SON THE STATE OF THE STA					
	N/A				
	et Address	(大海 jan	2744 o 27 o 28		X 8.
City.		State	Zip Code		.
Receipt Description			%	<u> </u>	(438)
Full Name					
House # Stree	eet Address				
City	en egyptete saa gystea it tell	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description					
Full Name					
	et Address				
(City)		State	Zip Code		\$
Receipt Description				1	
FülliName	and the state of t				
House# Stre	eet Address				
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description	The same of the sa	, automos/200 New 7 Ji	<u> </u>		
Full Name	R. ELECTRICATION				
	eet Address				•
City		State	Zip Gode	Date [MM/DD/YYYY] *	\$
Receipt Description	 	100 to the same of	P-11/2/20090000000000000000000000000000000	·	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Full Name					
	eet Address				···
City	A Committee of the Comm	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description		TO THE RESERVE OF THE PARTY OF	estatust in estationesis		- Proposition

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer identification Number: 21164859	91		
	DESTINATED DE DESTINATE	NHEIDE CEOSADIAD	LESS DED CONTRIBUTOR
1: UNITEMIZED IN KIND CONTRI	(1)	\$ 0	
2. :IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50	01 TO \$250.00 (FRC	DM PART F)
TOTAL for the reporting period	(2)	\$ 0)
3. IN KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$2	50.00 (FROM PART	G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)		; also enter	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification:Number: 211648591	
Eull Name of Contributor N/A	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City	Zip Code Date [MIM/DD/YYYY] \$
Description of Contribution	
'Full Name of Göntributor'	Date [MM/DD/YYYY] .\$
House # Street Address	Date [MM/DD/YYYY] \$
City	Zip Gode Date [MM/DD/YYYY] \$.
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City. State.	Zip Code Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	Date [MIM/DD//YYYY] \$1
House # Street Address	Date [MM/DD/YYYY] S.
City	Zip Code Date [MM/DD/YYYY] \$
Description of Contribution	[Sections community and the section of the section
Full Name of Contributor	Date [MM/DD/YYYY)] \$
Flouse # Street Address	Date*[MM/DD/YYYY] \$
City	Zip:Code Date [MM/DD/YYYY] \$

State

City

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 211	648591	
Full Name of Contributors		Date [MM/DD/YYYY] \$
Full Name of Contributor	4	
House # Street	Address	Date [MM/DD/YYYY] \$
	State Zip Code	Date [MM/DD/YYYY] \$
City :		
Employer Name		Occupation Description
Employer Mailing Address / F	rincipal	of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] S
House # Street	Address	Date [MIM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY]. \$
Employer Name		Occupation
Employer Mailing Address / Place of Business	Přincipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street	Address	Date [MM/DD/YYYY] .\$
City	State Zip Code	
Employer Name		Occupation. Description
Employer Mailing Address (Place of Business)	/Principal	of Contribution
Full Name of Contributor	All Management Control of Control	Date [MM/DD/YYYY] \$
House # Stree	et Address	Date [MM/DD/YYYY] \$
City	State Zip Code	
Employer Name		Occupation Description
Employer Malling Address Place of Business	/APrincipal	of Contribution

Statement of Expenditures

	• • • • • • • • • • • • • • • • • • • •	•	
200			
Control of the second of the s			
Filer dentification Number: 211648591			
ELIZABETH ACADED1			
5-4 40			

			Date [MM/DD/YYYY] \$
To Whom Paid Discount Favor	s.Com		6/6/17 142.70 Description of Expenditure
House # 7801 Street Addre	NW 67th Street		Description of experience.
City Miami	State Fl Zip Gode	33166	5" Frisbees for campaign booth - corry fest
To Whom Paid Ink-Spot.Com		- 24	Date [MM/DD/YYYY] \$ 6/6/17 216.10
House # 1 Street Addr	ess W Deer Valley Rd		Description of Expenditure
City Phoenix	State AZ Code	85027	Imprinted Pens for Campaign Booths
To Whom Paid Party City		25887	Date [MM/DD/YYYY] \$ 64.06
House # 1908 Street Add	Ess Keystone Drive		Description of Expenditure
Gity Erie	State PA Code	16509	Air Tank, Balloons, Tattoos for Corry Fest Booth
To Whom Paid Sam's Club		(A)	Date [MM/DD/YYYY] \$ 67.38
House # 7200 Street Add	ress Peach Street		Description of Expenditure
Gity Erie	State PA Code	16509	Candy for Corry Fest Parade
To Whom Paid Walmart		1900 (Y. 393	Date [MM/DD/YYYY] \$ 14.64
House # 961 Street Ad	ress E Columbus Avenue		Description of Expenditure
City Corry	State PA Zip Code	16407	Candy for Corry Fest Parade
To Whom Paid Discount M	ugs		Date [MM/DD/YYYY] 5 6/26/17 226.00
House # 12610 Street As	dress NW 115th Avenue		Description of Expenditure.
City Miami	State FL Zip	g 33178	Imprinted Frisbees for French Creek Festival Booth
To Whom Paid Oriental Tr			Date:[MM/DD/YYYY] \$ 78.95
Street-A	ddress S 108th Street		Description of Expenditure
City Omaha	State NE Zip		Balloons and sticks for French Creek Festival Booth
To Whom Paid Vista Print	[equips25:57794		Date [MM/DD/YYYY] \$ 8/29/17 278.77
House # Street /	ddress Hudsonweg 8		Description of Expenditure
City Venlo - Netherlands	State Zip		Campain Brochures qty 1000

Statement of Expenditures

Filer Identification Number: 211648591

			Date [MM/DD/YYYY] \$ 8.29	-
) Whom Paid Walmart			9/6/17	
ouse# 961 Street Address	E Columbus Avenue		Description of Expenditure	
	State pA Code	16407	Decorations for float	_
Corry O Whom Paid			Date [MM/DD/YYYY] \$ 32.20	l
Walmart			9/9/17 Description of Expenditure	
louse # 961 Street Address	E Columbus Avenue			
sity.	State Zip PA Code	16407	decorations & Candy for float	
Corry Co Whom Paid			Date [MM/DD/YYYY] \$ 71.86	
Sam's Club			9/13/17 Description of Expenditure	
House# 7200 Street Address	Peach Street			<u> </u>
City Erie	State PA Code	16509	Candy For Float	
10. 416 (A)		Septimes and the septimes and the septimes are septimes are septimes and the septimes are septimes and the septimes are sep	Date [MM/DD/YYYY] \$ 73.93	
To:Whom Paid Oriental Trading			9/12/17 Description of Expenditure	
House # 4206 Street Addres	S 108th Street			
'Gity/	State Zip	68137	decoratoins for float Corry Float	
Omaha			Date [MM/DD/YYYY] 5 7.37	
To Whom Paid Target			9/13/17 Description of Expenditure	
House # 6700 Street Addre	Peach Street			
City Erie	State PA Cod		Stuff to make posters for Float	
To:Whom Paid			Date [MM/DD/YYYY] \$ 8.48	
Walmart			9/14/17 Description of Expenditure	
House # 961 Street Address	E Columna Manae			* 1
City Corry	State PA Co	de 16407	Corry Parade Float decorations	
To Whom Paid	Yana	**************************************	Date [MM/DD/YYYY] \$ 45.93	
Oriental Tradii			9/21/17 Description of Expenditure	At .
House# 4206 Street Add	S 108th Street			
City Omaha	State NE Co	o ode 68137	decorations for UC Float	
To Whom Paid		2.1280年(2.562); W.1860	Date [MM/DD/YYYY] \$ 50.00	
Facebook Ads			10/2/17 Description of Expenditure	
House # Street Add	ress Hecker Way			
City.		ip ode 94025	Cost to boost facebook ad	

Statement of Expenditures

Filer Identification Number:			
Filer Identification Number: 2	11648591		
-	.110-70331	<u> </u>	

To Whom Paid	Date [MM/DD/YYYY] \$ 83.84
Sam's Club	10/3/17
House # 7200 Street Address Peach Street	Description of Expenditure
City Erie State PA Zip Code 16509	Candy for Float
To Whom Paid	Date [MM/DD/YYYY] \$ 35.00
Erie Co Courthouse	10/3/17
House # 140 Street Address West 6th Street	Description of Expenditure
City Erie State PA Zip Code 1650	Cost for Super List
To Whom Paid	Date [MM/DD/YYYY/] \$ 193.80
Imprint.Com	10/16/17
House # 14550 Street Address Beechnut Street	Description of Expenditure
City Houston State TX Zip 7708	
To Whom Paid	Date [MM/DD/YYYY] \$ 47.67
True Value	10/17/17
House # 630 Street Address E Columbus Avenue	Description of Expenditure.
City Corry State PA Code 1640	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City. State Zip Code	
To Whom Paid.	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City. State Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Use this Section to Itemize all dispaid debts and obligations which are obtaining	
Filer Identification Number: 211648591	

Name of Creditor	N/A	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of Deb	t (
Name of Creditor		Outstanding Balance of Debt.
House #	Street Address	DATE DEBT INCURRED .\$ [MM/DD/YYYY]
City	3993 397 5 33 34 397 5 398 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	State Zip Code
Description of Deb	X ¹	
Name of Creditor	d	Outstanding Balance of Debt DATE DEBT INCURRED \$
House#	Street Address	[MM/DD/YYYY]
City		State Zip Gode
Description of Del	51	
Name of Creditor		Outstanding Balance of Debt DATE DEBT INCURRED \$
House #	Street Address	[MM/DD/XYYY]
City "	The second secon	State Zip Code
Description of De	bt	
Name of Creditor		Outstanding Balance of Debt
House#	Street/Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City.		State Zip Code
Description of De	Sbit "	Per annual
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/pp//YYY]
City		State Zip Côde
Description of D	eot	